

ONS Comprehensive Resettlement Plan (CRP)

Central to refugee service delivery in Virginia is its comprehensive approach to resettlement, which is designed to lead to refugee integration into the communities in which they reside.

Comprehensive resettlement has several stages. To ensure that effective resettlement is being conducted for all refugees served, regardless of the funding source for the services delivered or whether the refugee has an anchor relative or is a secondary migrant, documentation at each stage of comprehensive resettlement is required.

The form which documents the activities involved at each stage of the resettlement process is called the ONS Comprehensive Resettlement Plan or ONS-CRP. Contractors will agree to use this form, or a **comparable** alternative, for all refugees it serves at each stage of resettlement.

All case management must be carried out in accordance with the portion of Title VI of the Civil Rights Act that pertains to persons with limited English proficiency.

The *ONS - Comprehensive Resettlement Plan* (CRP) must include:

- ✓ Date of entry into the U.S. or other applicable date; alien number, nationality and country of origin; demographic data, relationship of family members to the primary client; contact information for primary client and other family members
- ✓ Whether the case is a new arrival or secondary migrant
- ✓ Whether reception and placement was for an anchor relative case or a free case, and, if anchor relative, information about the anchor relative
- ✓ Names of all members of the refugee household
- ✓ Documents showing verification of refugee status
- ✓ Name of the sponsoring family and the responsibilities of the family in the resettlement of the case, where applicable
- ✓ An initial assessment of each refugee member of the case, including employability, English language proficiency, skills re-certification and training needs, and secondary education needs
- ✓ In chronological order, dated progress notes and client and service provider contacts and activities
- ✓ Signature of adult refugees listed in the ONS-CRP initially and as substantive changes are made
- ✓ For employable refugees, job search and job development contacts with employers and the refugee

- ✓ For employed refugees, employment progress contacts, including both contacts with the refugee and with the employer. This documentation would include contacts with employers to find job opportunities for refugees and referrals to job sites
- ✓ Job follow-ups made after job placement at 30, 60, 90-day, and 120 day intervals, including what interventions were needed and what interventions were provided
- ✓ Documentation of training and instruction provided, the type of instruction, the hours in instruction, the name of the institution or group providing the instruction, and the cost per student
- ✓ Documentation of cash assistance, including type of assistance, start date, and end date
- ✓ The names of mentors and volunteers involved with the case
- ✓ Social security number for each household member

Contractors must agree to complete and keep a current *ONS Comprehensive Resettlement Plan* (or develop a **comparable** alternative that mirrors the components of the ONS-CRP) for each refugee individual or family unit to which it provides services, or, alternatively, to describe how the items in the ONS-CRP will be maintained in the resettlement offices' case files.



**Office of Newcomer Services
Comprehensive Resettlement Plan (ONS-CRP)
For the**

Family (or Individual) Name

Contractor Agency Name

EXPLANATION FOR CONTRACT AGENCY

- The ONS-CRP is completed within 30 days of the date the resettlement office begins providing services to a refugee, asylee, Cuban/Haitian entrant, Amerasian, victim of human trafficking or torture.
- The ONS-CRP is an assessment of each individual family member's employability, education, training, work experience, language proficiency, and service needs. It identifies individual and family strengths and lists deficits or barriers that need to be addressed. It includes all members of the family unit because the family's economic self-sufficiency is dependent on employment income and the physical and emotional health and of each individual family member. A cohesive, healthy family unit also helps to ensure sustained self-sufficiency and integration into communities.
- The ONS-CRP identifies current employment, education, and service needs.
- As service delivery continues, the ONS-CRP tracks changes in the family's situation and changing needs.

EXPLANATION FOR THE FAMILY

- The goal of this agency is to help you get a job as soon as possible. Getting a job is the first step to your living independently in your new community.
- This document is how the agency keeps track of its conversations with you.
- It is how the agency keeps track of what you need to get a job right away and what you need to get a different job later on – if that is what you want
- It is how the agency keeps track of the school, English language, social, and health needs of other members of your family.
- We hope that one day you will become a U.S citizen. This is the beginning of your making a plan that will lead to citizenship.

The ONS-CRP has seven separate parts:

- Part 1 Household Members and Demographic Information**
- Part 2 Reception and Placement Information**
- Part 3 Matching Grant Program Information**
- Part 4 Individual Employment Plan - Assessment of employable adults**
- Part 5 Family Member Assessment Plan - Assessment of other family members**
- Part 6 Signatures**
- Part 7 Progress Reviews**

Part 1 Household Members and Demographic Information

Note: Arrival and other demographic information must be entered into the *Virginia Newcomer Information System* for each household member

Name of Primary Applicant or Head of Household

Names of household members

_____	Adult aged 18 – 60 <input type="checkbox"/>	Child aged 0 – 18 <input type="checkbox"/>	Adult over 60 <input type="checkbox"/>
_____	Adult aged 18 – 60 <input type="checkbox"/>	Child aged 0 – 18 <input type="checkbox"/>	Adult over 60 <input type="checkbox"/>
_____	Adult aged 18 – 60 <input type="checkbox"/>	Child aged 0 – 18 <input type="checkbox"/>	Adult over 60 <input type="checkbox"/>
_____	Adult aged 18 – 60 <input type="checkbox"/>	Child aged 0 – 18 <input type="checkbox"/>	Adult over 60 <input type="checkbox"/>
_____	Adult aged 18 – 60 <input type="checkbox"/>	Child aged 0 – 18 <input type="checkbox"/>	Adult over 60 <input type="checkbox"/>
_____	Adult aged 18 – 60 <input type="checkbox"/>	Child aged 0 – 18 <input type="checkbox"/>	Adult over 60 <input type="checkbox"/>

For additional household members attach another sheet

Part 2 Reception and Placement Information

Reception and Placement Period from ____/____/____ to ____/____/____
____/____/____

☐ Free Case

☐ Family Reunification, _____

Anchor Relative Name

☐ Not Applicable, Asylee, victim of trafficking, or person who applies for services after the R&P period, example, secondary migrant

Note: The contractor's Reception and Placement Program file and records become a part of this CRP.

Part 3 Matching Grant Program Information

Matching Grant Program Period from ____/____/____ to ____/____/____

☐ Not Assigned to Matching Grant

☐ Assigned to Matching Grant and later reassigned to another program

Note: Matching Grant client demographic information must be entered into the *Virginia Newcomer Information System* (VNIS) for each household member.

Note: The contractor's Matching Grant Program file and records become a part of this CRP.

Complete Part 4 for each employable household member

The Individual Employment Plan (IEP) contains (i) an assessment of the refugee's employability and (ii) the refugees' short term and long term employment goals.

For Matching Grant clients, the Matching Grant Program Individual Employment Plan may be used in lieu of Part 4 as long as the MG-IEP addresses the factors included in this document.

Refugee LAST Name	First Name
Name of Person Conducting Initial Assessment	Date of Initial Interview

Initial Employability Assessment	
Educational Background <ul style="list-style-type: none"> ▪ Last Grade Completed ▪ Functional level if known 	
Employment History (previous employer, job title, pay, reasons for leaving)	
Work experience	
Marketable skills (If testing was used to make this assessment, list test used.)	
English language proficiency <ul style="list-style-type: none"> ▪ Speaking ▪ Writing ▪ Reading (If testing was used to make this assessment, list test used.)	

Plan Development

Employment long term goal stated by the client: _____

Immediate practicable employment goals recommended by the contract agency:

1. _____
2. _____
3. _____

Hourly wage the client can expect initially \$ _____
Hourly wage the client can expect with experience and training \$ _____

Action Steps

Fill in those items that are appropriate for this client.
Complete for both short term and long term employment goals.
Update as long term and short term goals are met or as changes in plan occur.

EMPLOYMENT SERVICES

Pre-employment counseling

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Job development and job referral

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Job Search by Client

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Workplace Orientation

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Part 4 Individual Employment Plan (IEP), Page Three

On the Job Training

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Apprenticeship

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Skills Certification

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Aptitude assessment

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Employment Skills Testing

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Other Employment Service

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

ENGLISH LANGUAGE TRAINING

English Language Proficiency, Speaking

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

English Language Proficiency, Writing

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

English Language Proficiency, Reading

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

EMPLOYMENT SUPPORT SERVICES

Vocational or Career Training

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Transportation

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Child Care or Elder Care

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Health

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Translation or Interpretation

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

PROGRESS REVIEWS

The agency case work staff initially will review the ONS-CRP with the client or other adult family member every 30 days for six months after entering the service provider's caseload.

JOB FOLLOW-UP

If you get a job the agency will conduct job follow-up interviews 30 days, 60 days, and 90 days from the date you get the job. These follow-up interviews will be to ask how you are doing in your job and to determine if there is anything the agency can do to help you to stay employed, get promoted, change careers, and/or increase income.

Part 5 Family Member Adjustment Plan (FMAP), Page One

The *Family Member Adjustment Member Plan* contains (i) an assessment of the refugee's needs and (ii) the refugees' short term and long term goals.

- Complete Part 5 for each household member aged 0 to 18 and over the age of 60
- For family members aged 0 – 18, this is completed with a parent or other adult household member
- For family members over the age of 60, this is completed with that individual

For Matching Grant clients, the Matching Grant Program file and records may be used in lieu of Part 5.

Refugee LAST Name	First Name
Name of Person Conducting Initial Assessment	Date of Initial Interview

	Not Applicable	Initial Assessment
Education <ul style="list-style-type: none">▪ Last Grade Completed▪ Functional level if known		
Employment history, and work experience, and marketable skills		
Health Issues		
Housing		
English language proficiency <ul style="list-style-type: none">▪ Speaking▪ Writing▪ Reading (If testing was used to make this assessment, list test used.)		

Plan Development

Long term goal _____

Immediate practicable goals recommended by the contract agency:

1. _____
2. _____
3. _____

Action Steps

Fill in those items that are appropriate for this client.

Complete for both short term and long term goals.

Update as long term and short term goals are met or as changes in plan occur.

NEEDS

Education

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Health

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Transportation: specify public, private, or other

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Child Care

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Elder Care

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Housing: Specify own, rent, or other

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Translation or Interpretation

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Part 5 Family Member Adjustment Plan (FMAP), Page Three

Employment

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Vocational or Career Training

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Other

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

ENGLISH LANGUAGE TRAINING

English Language Proficiency, Speaking

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

English Language Proficiency, Writing

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

English Language Proficiency, Reading

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Part 6 Signatures

I participated in the development of this document and understand that the agency wants to help me resettle in Virginia and eventually become a U.S. citizen and that I should call the agency when I need help.

Primary Applicant of Head of Household

Date

I certify that this plan was completed in cooperation with the primary applicant and other adult family members, as applicable.

Agency Case Worker

Date

Part 7 Progress Review Notes

Print or reproduce as many of these pages as needed

Family Member Name _____ (date)

Update Notes:

Family Member Name _____ (date)

Update Notes:

Family Member Name _____ (date)

Update Notes:
